

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)					SERIAL NO.	FILING DATE						
					APPLICANT(S)							
					CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*		
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TOTAL IND.	1											
TOTAL DEP.	51		↔		↔		↔					
TOTAL CLAIMS	32											
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS												